Patient Education in Primary Care

Volume 6 Issue 3 January 2003

contents

Welcome to our resource for patient education and primary care![1]

WHAT IS IT?

This newsletter provides a mechanism to help meet the challenges of incorporating effective patient education into primary care.

WHO IS IT FOR?

VA Primary Care Teams, Patient Health Education Coordinators or Patient Health Education Committee chairs, VISN and VAMC decision makers.

PHE Initiatives Make List for White House

Three VHA patient education initiatives have been listed in VA's report to the White House in response to the *HealthierUS* executive order, "Activities to Promote Personal Fitness." The three programs are:

1. the distribution of customized self-care books to veterans in the VA Desert Pacific Healthcare Network
2. the wellness programs of the Upstate New York VA Health Care Network
3. the patient orientation program of the VA Northern California Health Care System.

Customized Self-care Books

The VISN 22 distribution of *Healthwise® for Life* self-care books was featured in the lead article in the October, 2002 issue of this newsletter. Readers are encouraged to review that article for details about the project. Linda Reynolds, Patient Health Education Coordinator at VAMC Loma Linda, CA, and chair of the VISN's Patient Education Workgroup, can provide additional information.

1. This publication may be duplicated.

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Wellness Programs

In 2001, Dr. Diane Wonch, VISN 2 Patient Health Education Director, facilitated a VISN Wellness Summit. Strategic goals developed at the summit included:

- provide wellness services to patients, employees and communities
- create a wellness directory for all populations
- maximize wellness by creating patient/provider partnerships.

Pamela Chester, Medical Care Line Manager at VAMC Canandaigua, was named to chair this initiative. Members of the project team initially surveyed a sample of patients, employees, and community residents to identify existing services and needs for additional programs. "We have created a directory of wellness services available at each facility and in its community," said Ms. Chester. "Our plan is to post the directory on our VISN website so that people have access to the full range of services. We believe that raising awareness about wellness is the first step to realizing a healthier lifestyle."

Members of the VISN 2 Wellness Project Team: (left to right) Neal Relyea, Linda Gomes, Pam Chester, Diane Wonch

For example, the staff at the Buffalo VAMC use cardiac rehabilitation exercise equipment (with permission from their personal physicians for unsupervised use) when it is not in use by patients.

The project team is exploring research opportunities to help develop and support wellness services throughout the VISN. Members of the team include Pamela Chester; Diane Wonch; John Brown, Recreational Therapist at VAMC Bath; Neil Relyea, RN, Planetree Coordinator at VAMC Albany; Linda Gomes, Administrative Coordinator for Respiratory Services at VAMC Syracuse; and Bonita Reid, RN, Cardiology at VAMC Western New York.

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Patient Orientation Program

The VA Northern California Health Care System has developed a comprehensive orientation program for the approximately 6000 new patients enrolled each year into VA health care. Kathleen Toms, Patient Health Education Coordinator at the Martinez facility, coordinates the program. "We want to make sure that every new veteran learns about the services we offer and how to access them. This program helps veterans identify their personal health goals and match them with the VA clinical services that will best help them reach their goals," Ms. Toms said.

Sacramento veterans learn about services available in the VA Northern California Health Care System

Each new enrollee receives a letter of welcome and a Prevention Screening Questionnaire to complete. The instrument queries patients about a variety of health behaviors, previous and current health problems, other health care providers and treatments, and personal beliefs about their health.

Enrollees bring the completed forms to a group orientation session where they learn about VA health care services and entitlements. The 2-hour sessions are conducted bi-weekly or monthly based on demand. Staff from several key services present information about their programs, and each veteran receives a packet containing information about the following:

- services, directions, and phone numbers for each facility
- advance directives and pain management
- the advice nurse telephone care program
- the pharmacy refill telephone service

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- the self-care book, Seniors Health at Home, which each veteran receives
- the VISN patient education newsletter.

Following the presentations, each new enrollee meets individually with a nurse practitioner to review the screening questionnaire and determine the veteran's health goals. Based on this discussion a plan is developed. The veteran is assigned to a primary care provider and given an appointment for an initial physical examination. At the time of the exam, the provider refers the patient to the patient education classes that are relevant to the patient's goals and health care needs.

For further information contact:

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Patient Education/Primary Care Program Notes

Project TORCH

Project TORCH (The Outreach and Rehabilitation Center for Homeless Veterans) is a drop-in, day program operated by the New York Harbor Health Care System. It is located at the VA's Chapel Street community-based outpatient clinic in Brooklyn. Established in 1988, the program has served as a model for other VHA homeless veterans programs. Project TORCH offers comprehensive services including primary care, mental health and substance abuse treatment. Social Security and VA benefits initiatives are on-site, along with access to housing and vocational programs, daily lunch, showers, clothes, laundry, and other personal hygiene and supportive services.

Julie Irwin, CSW, Coordinator of the program, described the services provided for veterans:

- Veterans initially meet with a social worker for a psychosocial assessment. During this process they have the opportunity to develop personal goals and to learn about the program.
- Veterans are encouraged to attend the full range of psycho-educational groups offered daily. Group topics include anger management, living skills, money management, spirituality, and housing. In addition, 12-step self-help programs such as Alcoholics Anonymous and Narcotics Anonymous are part of regular group programming.
- A weekly health education group is conducted by a nurse and focuses on a single topic each session—for example, managing diabetes, seizure disorders, hepatitis, AIDS, nutrition and depression.
- Project TORCH veterans receive ongoing case management and counseling from social workers on staff. Depending upon the veteran's goals, case management might include referrals to a wide range of VA and non-VA services such as housing, vocational services, and/or employment. Veterans are encouraged to meet with their social workers at least once per week. Referrals for housing and vocational services are made once the

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veteran has a minimum of thirty days of demonstrated sobriety through urinalysis screening and group attendance three times per week.

- Veterans seeking more intensive rehabilitation may be screened at Project TORCH for admission to a 4-month Domiciliary residential care program

Project TORCH serves an average of 20-40 veterans each day at the clinic. "We're busier at the end of the month and during the winter months when we sometimes see over fifty veterans a day. We average about a dozen new enrollees each week," Ms. Irwin stated. She also noted, "Veterans may remain in the program until their goals are met, or they are successfully housed, or they transition to another level of treatment. It always is gratifying to see the progress that many of our formerly homeless veterans have made in establishing productive lives in the community."

For further information contact:

Julie Irwin, CSW, Coordinator, Project TORCH, VA New York Harbor Health Care System, Brooklyn, NY; (718) 439-4345; Julie.Irwin@med.va.gov

Patient Education Resources

AMA Health Literacy Kit

National studies indicate that about twenty percent of American adults are functionally illiterate, but recent research indicates that up to half of all American adults struggle with health literacy. The term refers to the ability to understand common health care information including prescription instructions, test results, and insurance forms. According to the AMA, individuals with low health literacy incur medical expenses that are up to four times greater than for patients with adequate literacy skills.

To inform clinicians and patient advocates about health literacy, the AMA Foundation has developed a Health Literacy Education Kit. The 2003 edition of the kit contains:

- a manual for clinicians
- a new video documentary
- reproducible information
- continuing medical education credit
- additional resources for education and involvement.

Kits can be purchased for $35 through AMA Press (Item # 0P221002) at 800-621-8335.

JCAHO Speak Up Campaign

The Joint Commission, in conjunction with the Centers for Medicare and Medicaid Services, created the *Speak Up* program to encourage patients to become more active in preventing health care errors. The program features brochures, posters, and buttons with the message:

Speak up if you have questions or concerns, and if you don't understand, ask again. It's your body and you have a right to know.

Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professionals. Don't assume anything.

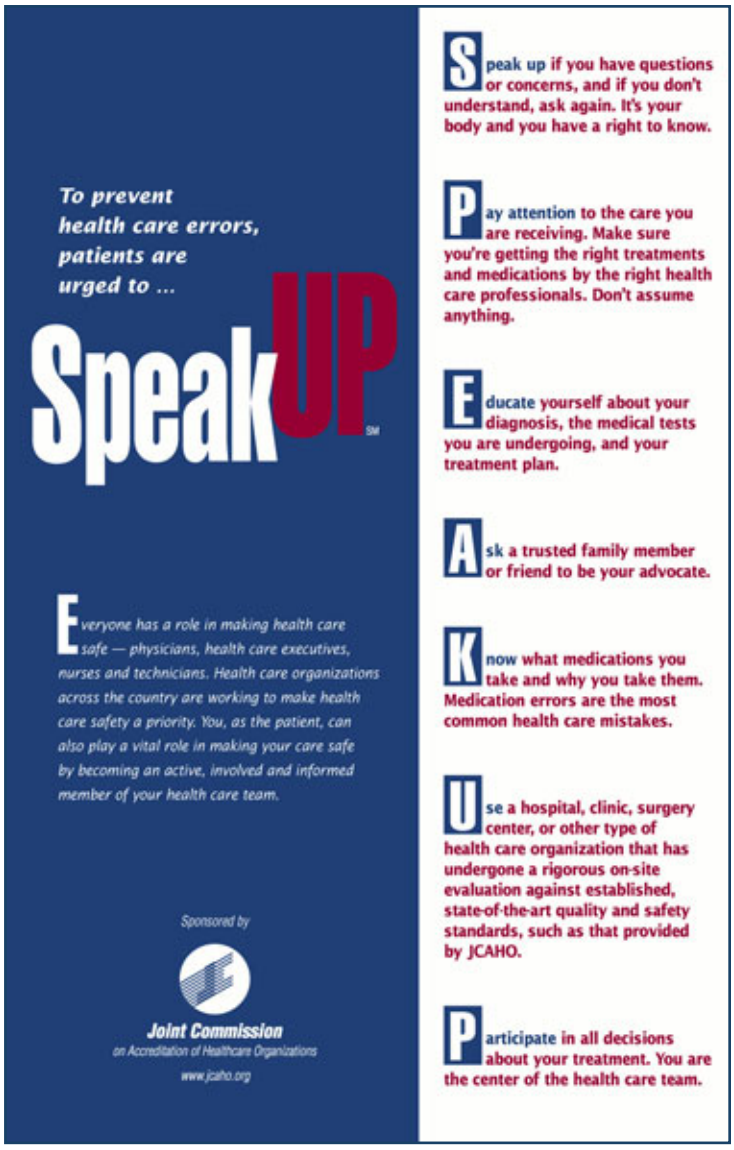
Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.

Ask a trusted family member or friend to be your advocate.

Know what medications you take and why you take them. Medication errors are the most common health care errors.

Use a hospital, clinic, surgery center, or other type of health care organization that has undergone a rigorous on-site evaluation against established state-of-the-art quality and safety standards, such as that provided by JCAHO.

Participate in all decisions about your treatment. You are the center of the health care team.



Program-specific versions of the brochure are available for download on JCAHO's website for ambulatory care, behavioral health care, health care networks, home care, hospital care (in English and Spanish), laboratory services, and long-term care. The brochures include a blank panel so that organizations can insert their own patient safety information, logo, and contact information. The website also provides a *Speak Up* poster for download.

JCAHO encourages health care organizations to use the materials in a variety of ways—using the brochure content in patient information materials, websites, newsletters, and on closed-circuit patient education television systems; incorporating it into staff orientation and education programs; and distributing materials at health fairs.

For further information contact:

Cathy Barry-Ipema, Chief Communications Officer, JCAHO, (630) 792-5630.

Using the Computer during the Visit

Many clinicians feel the pressure of time constraints and documentation demands during the visit, yet they know how important it is to listen to the patient and maintain eye contact while the patient is talking. Here are some strategies to meet these challenges:

- If possible, arrange the room so that your back is not to the patient when you're using the computer.
- When appropriate, show the patient the screens with his lab values to help him understand how you're monitoring his health status and how he's doing, especially any values relative to self-monitoring that the patient may be doing at home, such as blood pressure, weight, or blood glucose. This is an easy way to demonstrate partnering with the patient—that you're working together to maintain or improve the patient's health.
- Let the patient know when you're shifting from interview mode to documentation mode by saying, "Give me a minute here to make this note, then we'll talk some more." You may need to shift several times during a visit.
- When appropriate, show the patient your progress notes and say, "I want you to see what I've written about our visit today. What do you think about what I've written?" This strategy is an easy way to confirm that there's consensus between the two of you about the patient's condition and the next steps. It's also a quick way to uncover any concerns or preferences the patient may have about the next steps. Some clinicians then document the patient's reaction as part of the notes for the visit.

How do we know patient education works?

Physician Communication with Low Health Literacy Diabetic Patients

One recommended approach for instructing patients with low health literacy is to ask the patient to express his understanding of new concepts, then tailor subsequent information based on the patient's recall and comprehension. The study examined whether primary care physicians used this interactive educational strategy with patients. The setting was a public hospital in San Francisco, CA. Participants included 38 physicians and 74 English-speaking patients with diabetes mellitus and low functional health literacy. Investigators analyzed audiotapes of visits, then used information from clinical and administrative databases to determine whether there was an association between physician use of this educational strategy and patient glycemic control.

In this study, physicians assessed recall and comprehension of any new concept in only 12 of 61 visits (20%), and for only 15 of 124 new concepts (12%). Patients whose physicians assessed recall or comprehension were more likely to have hemoglobin A(1c) levels below the mean vs. patients whose physicians did not use this educational strategy. The two variables independently associated with good glycemic control were higher health literacy levels and physicians' use of this educational strategy.

The authors contend that overlooking this educational intervention reflects a missed opportunity that may have important clinical implications.

Schillinger D, Piette J, Grumbach K, Wang F, et al. (2003) Closing the loop: physician communication with diabetic patients who have low health literacy. Archives of Internal Medicine, 163:83-90.

Mobile, Point-of-care Anticoagulation Therapy Management

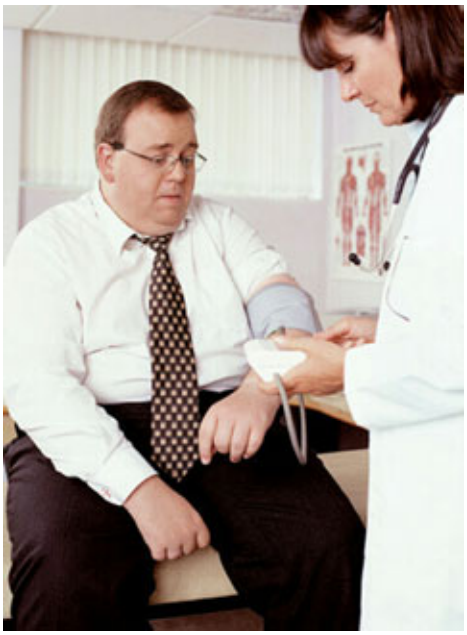
This study was designed to evaluate an alternative model for delivering patient care and patient education in a multi-site health care practice. The study assessed the impact of a mobile multi-site, office-based anticoagulation therapy management program that operated in seven cardiology offices in all three counties in Delaware. The program was conducted by a trained nurse who rotated among all seven offices. Patients made visits to the nurse and received patient education, point-of-care INR (international normalized ratio) blood testing, and medication adjustment based on a physician-approved algorithm.

Patient INR levels in the year before the program were compared with patient INR levels in the year after the program. For this retrospective cohort study, the percentage of in-range INR levels increased significantly, and the percentage of INR levels in the modified target range also increased significantly.

The authors recommend this model for networks of specialty or primary care practices.

Gill JM, Landis MK. (2002) Benefits of a mobile, point-of-care anticoagulation therapy management program. Joint Commission Journal of Quality Improvement, 28(11):625-30.

Physician Practices and Patient Awareness of Cardiovascular Complications of Diabetes



This study employed two survey methods for data collection. An online survey was completed by a nationally representative sample of 900 physicians (confidence interval +/-2.5%). A telephone survey of 2008 people with diabetes was conducted using random, direct-dial screenings of U.S. households.

Results from the physician survey:

- 91% of responding physicians believe that their patients with diabetes are very or extremely likely to have a cardiovascular event
- physicians reported discussing cardiovascular disease risk factors with 88% of their diabetic patients
- physicians perceived their diabetic patients as being only moderately knowledgeable about their increased cardiovascular disease risks
- physicians identified poor compliance with behavior modifications and mediation regimens as the greatest barriers to management of cardiovascular disease risks in diabetic patients.

Results from the survey of people with diabetes:

- 68% of the respondents did not consider cardiovascular disease to be a serious complication of diabetes
- respondents were more likely to be aware of complications such as blindness (65%) or amputation (36%) rather than heart disease (17%), heart attack (14%), or stroke (5%).

The authors recommend that materials be made available for physicians and patients to help with communication about the cardiovascular disease risks of diabetes. They also recommend exploring strategies to enhance compliance with behavior modification and multiple drug therapies to promote management of diabetes and cardiovascular disease risk factors.

Merz CN, Buse JB, Tuncer D, Twillman GB. (2002) Physician attitudes and practices and patient awareness of the cardiovascular complications of diabetes. Journal of the American College of Cardiology, 40(10):1877-81.

Performance Improvement Training

Every quarter, *Patient Education in Primary Care* will offer the opportunity to earn one hour of performance improvement training credit for a patient education topic of importance to primary care clinicians. To earn this credit, choose one of the following two options:

Read the entire January 2003 newsletter and provide brief answers to the questions below. Turn these in to your supervisor along with a copy of the newsletter

OR

Organize a one-hour brown bag journal club or set aside time during a staff or team meeting to read the newsletter and discuss the questions below. Turn in a master list of participants along with a copy of the newsletter.

Questions:

1. What wellness services are offered to patients and staff at your facility? How might these efforts be expanded?
2. What kind of orientation information is offered to new enrollees at your facility? What suggestions would you make to enhance this orientation?
3. How do clinicians at your facility explore the topic of health literacy with patients? What materials are available to staff and patients to support this dialogue?

DO YOU HAVE ANY SUCCESSFUL PATIENT EDUCATION STRATEGIES THAT YOU WOULD LIKE TO SHARE WITH US?

Contact any of the following with your input:

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Coming in APRIL:

***Patient Education: TEACH for Success,* a blended learning course for VHA clinicians**

PATIENT HEALTH EDUCATION IN PRIMARY CARE TASK FORCE:

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Staff Physician
Greater Los Angeles VA Health Care System
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John Derderian, MBA, CHE
Senior Functional Analyst
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Employee Education System

Office of Primary and Ambulatory Care